



Commonwealth
of Massachusetts

Center for Health
Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

Boston Medical Center HealthNet Plan														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	2	2
PR	2011	0	0	2	0	2	2	0	0	2	0	0	2	10
PR	2012	0	0	2	0	0	2	0	0	2				6
ME	2009	0	0	0	0	0	0	0	0	0	0	0	944,444	944,444
ME	2010	0	0	0	0	0	0	0	0	0	0	0	944,444	944,444
ME	2011	892,951	680,422	681,346	944,444	685,607	682,725	677,277	665,599	659,024	654,392	651,343	644,514	8,519,644
ME	2012	636,755	633,257	630,659	622,883	618,016	611,323	616,878	619,650	477,975	627,324	632,588		6,727,308
PV	2011	85,133	86,129	87,956	88,925	90,282	89,685	89,872	91,747	93,566	94,382	95,328	96,178	1,089,183
PV	2012	98,296	98,901	99,607	100,695	101,459	102,086	103,324	104,497	105,501	107,056	107,934		1,129,356
MC	2008	195,709	486,653	673,118	608,243	573,275	836,017	588,247	567,528	764,402	634,317	592,065	579,704	7,099,278
MC	2009	379,317	464,133	771,023	856,811	1,020,573	1,107,300	762,204	991,455	743,333	712,673	1,329,778	681,479	9,820,079
MC	2010	624,200	785,407	912,262	734,477	923,542	772,605	642,222	876,728	759,621	789,344	981,688	769,568	9,571,664
MC	2011	1,003,836	1,020,588	919,874	876,035	1,110,641	808,638	1,289,550	986,845	766,235	1,079,392	781,108	857,641	11,500,383
MC	2012	900,117	852,983	808,366	1,006,414	1,016,642	1,176,865	958,685	798,154	829,970	1,132,813	880,935		10,361,944
PC	2008	241,237	230,236	242,420	239,940	246,497	229,921	237,312	231,070	245,997	258,428	234,189	253,220	2,890,467
PC	2009	259,184	243,375	271,947	265,501	271,547	274,260	264,204	257,196	265,185	274,493	264,545	269,871	3,181,308
PC	2010	267,034	248,193	287,718	273,161	263,213	268,740	258,543	266,116	276,305	278,912	284,630	289,806	3,262,371
PC	2011	282,411	267,586	314,545	295,942	316,921	305,103	278,510	297,603	296,058	291,591	291,394	292,550	3,530,214
PC	2012	297,451	281,039	297,431	286,029	295,021	273,990	291,061	308,168	306,450	339,036	332,372		3,308,048
DC	2008	1,811	3,906	4,931	7,180	4,827	4,780	7,740	7,000	8,801	8,460	8,779	10,685	78,900
DC	2009	6,216	8,939	9,662	11,619	9,830	8,700	12,118	10,974	11,031	7,439	8,545	11,115	116,188
DC	2010	6,913	8,918	8,611	6,808	7,872	13,142	7,307	5,407	5,700	5,225	4,570	6,273	86,746
DC	2011	3,332	4,814	5,898	4,876	4,512	5,204	4,046	5,146	3,406	3,451	4,173	3,424	52,282
DC	2012	2,542	4,250	3,149	2,733	3,409	2,741	2,493	4,441	3,756	5,845	4,627		39,986

***Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.











